

disgraceful. It is to them an insult by the doctor. They forget that much syphilis is acquired innocently. Perhaps they suspect syphilis and may wish to hide it, to their everlasting regret, if their child is born dead or diseased. Doctors too often do not ask their patients to have a test because they do not want to risk "hurt feelings." Seven states have made a stab right at the heart of the problem and now require that all couples present a certificate showing freedom from syphilis before a marriage license is issued. There is one loophole, however, in this procedure. Syphilis may be acquired after marriage but before the children come along. The only safe method of preventing congenital syphilis is to test each pregnant woman as early in pregnancy as possible and at least before the fifth month, and, if she is found to have syphilis, to give continuous treatment until the baby is born.

There is now pending before the New York State Legislature a bill requiring blood tests by law for expectant mothers as a protection against syphilis for them and their babies.* It has the backing of medical, civic, and health groups. If it passes, it should remove whatever stigma there is in the minds of mothers about taking a test for syphilis. Doctors need not apologize for asking their patients to have the test. All they need to say is "The law requires it for every mother."

Would not similar laws in all states be effective in saving thousands of babies from the ravages of congenital syphilis? Those who are interested in this proposed legislation for their states may secure copies of the New York State bill from the Maternity Center Association. "Briefs": Published by the Maternity Center Association, New York City.

CALIFORNIA BIRTHS IN 1937

There were 94,286 births registered in California last year, as compared with 84,460 in 1936, and 80,222 in 1935. The rates per thousand population were 14.4, 13.2, and 12.8 respectively. The 1937 rate of 14.4 is the highest that has been recorded in recent years. There were 14,064 more births registered in 1937 than in 1935. This represents an increase of 17.5 per cent.

While this increase in births is found in almost every community of the State, it is noticeable that in the San Joaquin Valley, where large numbers of migratory laborers have been present during the past two years, the increased number of births is particularly conspicuous. In the larger cities of the State, while the increase is noticeable, the rate of increase is not so great as that for the State as a whole. In San Francisco, Los Angeles, San Diego, Long Beach, Oakland, Sacramento, Pasadena, and Berkeley there were 42,647 births last year as compared with 36,495 in 1935. This represents an increase of 6,152, or 16.8 per cent. In the eight counties of the San Joaquin Valley where migratory laborers have been present in large numbers (San Joaquin, Stanislaus, Merced, Madera, Fresno, Kings, Tulare, and Kern counties), there were 12,402 births registered in 1937 as compared with 9,812 in 1935. This represents an increase of 2,590 or 26.4 per cent in those counties.

Births among members of the white race continued to show an increase in 1937. During that year, the percentage of white births was 82.3 per cent as compared with 80.8 per cent in 1936 and 80.4 per cent in 1935. The proportion of Mexican births was slightly lower in 1937. In that year 12.9 per cent of the total were Mexicans as compared with 14.4 per cent in 1936 and 14.7 per cent in 1935. A similar reduction is noted in Japanese births and a slight increase is noted in the proportion of Negro births. Births among Indian, Chinese, and other races remain at stationary levels. Out of the 94,286 births registered last year, 77,576 were whites, 12,173 Mexican, 1,534 Negro, 1,436 Japanese, 542 Chinese, 436 Indian, 377 Filipino, and 212 of other races.

The following table gives the number of births and the annual birth rate for the counties of California during the years, 1935, 1936, and 1937:

BIRTHS BY COUNTIES					
	1937		1936		1935
	Number	Rate	Number	Rate	Number Rate
Totals	94,286	14.4	84,460	13.2	80,222 12.8

* This bill was passed and is now a New York law.

	1937		1936		1935	
	Number	Rate	Number	Rate	Number	Rate
Alameda	6,939	13.2	5,937	11.5	5,775	11.3
Alpine	2	8.3				
Amador	72	8.2	66	7.6	77	8.9
Butte	705	19.8	609	17.2	606	17.2
Calaveras	64	10.6	60	10.0	47	7.8
Colusa	163	15.3	163	15.4	164	15.6
Contra Costa	1,101	12.5	940	10.9	1,011	11.9
Del Norte	71	12.9	53	9.9	73	13.9
Eldorado	140	15.5	151	16.9	106	12.0
Fresno	2,890	19.2	2,570	17.2	2,495	16.8
Glenn	158	14.4	132	12.1	152	13.9
Humboldt	702	15.4	688	15.2	635	14.2
Imperial	1,437	21.3	1,327	20.0	1,349	20.6
Inyo	106	16.2	88	13.4	66	10.1
Kern	2,523	27.1	1,969	21.5	1,645	18.3
Kings	663	24.9	577	21.8	520	19.8
Lake	84	10.7	84	10.9	82	10.7
Lassen	318	22.5	249	17.9	231	16.9
Los Angeles	35,741	13.3	32,027	12.2	30,119	11.8
Madera	484	25.4	322	17.2	275	14.9
Marin	356	7.6	304	6.6	274	6.0
Mariposa	30	8.8	32	9.5	33	9.8
Mendocino	360	15.3	328	14.0	312	13.3
Merced	844	20.4	690	17.0	677	16.9
Modoc	91	10.1	89	10.0	90	10.3
Mono	8	5.3	9	6.1	7	4.8
Monterey	1,038	16.3	936	15.1	907	15.0
Napa	295	12.4	287	12.1	239	10.2
Nevada	286	27.0	246	23.2	225	21.2
Orange	2,052	14.6	1,963	14.3	1,883	14.1
Placer	296	11.1	256	9.7	255	9.8
Plumas	166	18.9	130	15.1	93	10.9
Riverside	1,771	19.1	1,648	18.1	1,619	18.1
Sacramento	2,530	15.7	2,219	14.0	2,147	13.8
San Benito	138	11.3	140	11.6	130	10.9
San Bernardino	2,664	17.0	2,616	17.1	2,452	16.3
San Diego	4,175	16.9	3,890	16.1	3,545	15.0
San Francisco	8,219	12.0	7,283	10.8	7,125	10.7
San Joaquin	1,854	16.6	1,647	14.9	1,580	14.5
San Luis Obispo	483	14.8	465	14.5	436	13.8
San Mateo	653	7.0	563	6.2	557	6.3
Santa Barbara	1,128	15.2	1,117	15.3	1,109	15.5
Santa Clara	2,385	14.7	2,114	13.3	2,029	12.9
Santa Cruz	579	13.9	546	13.3	524	13.0
Shasta	281	19.9	282	20.0	254	18.0
Sierra	17	6.4	26	9.9	35	13.5
Siskiyou	385	13.7	370	13.4	341	12.5
Solano	469	11.4	440	10.7	413	10.1
Sonoma	746	11.3	744	11.4	683	10.5
Stanislaus	1,275	20.1	1,120	18.4	1,056	17.6
Sutter	291	17.8	273	17.0	277	17.5
Tehama	267	18.8	213	15.0	224	15.9
Trinity	21	7.2	40	13.9	46	16.0
Tulare	1,869	22.1	1,662	19.9	1,564	19.0
Tuolumne	142	14.4	113	11.6	106	10.9
Ventura	1,171	18.0	1,126	17.8	1,061	17.1
Yolo	342	13.1	311	12.1	308	12.1
Yuba	246	21.0	210	18.0	178	15.4

Births by races for the years 1935, 1936, and 1937 are as follows:

AS FOLLOWS.						
	1937		1936		1935	
	Number	Per cent	Number	Per cent	Number	Per cent
Totals	94,286	100.0	84,460	100.0	80,222	100.0
White	77,576	82.3	68,249	80.8	64,508	80.4
Negro	1,534	1.6	1,305	1.6	1,247	1.5
Indian	436	0.5	429	0.5	401	0.5
Chinese	542	0.6	537	0.6	517	0.6
Japanese	1,436	1.5	1,448	1.7	1,502	1.9
Mexican	12,173	12.9	12,156	14.4	11,752	14.7
Filipino	377	0.4	188	0.2	295	0.4
Others	212	0.2	148	0.2	.....	.....

HOW ORGANIZED NURSING LOOKS UPON NURSING HOURS*

Facts, Not Rumors Wanted.—Last year the Nursing Information Bureau of the American Nurses' Association adopted the policy of publishing a bulletin only when something urgent and important needed to be broadcast to registered nurses all over the country. Such a time seems to be here now!

Rumors and rumblings about the eight-hour day, not enough nurses to care for the sick, not enough students for nursing schools, inadequate preparation for nursing jobs, and unskilled services of various kinds, permeate the atmosphere of the nursing world and are seeping into that of the general world as well. But are they based on facts? Actual data can be found in current literature. Here are some of them.

* From *The Bulletin*, published for the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing. (Vol. 9, No. 1, December, 1937.)

The Eight-Hour Day Is Here to Stay.—Hospitals, one by one the country over, are discovering that eight-hour service means better nursing service for patients and a more contented nursing personnel. Evidence is the fact that calls for eight-hour service are going up in number, and calls for nurses for twelve-hour service are on the wane. By December, 1937, 899 hospitals throughout the United States reported to the American Nurses' Association that they had adopted the eight-hour schedule for special nurses. This represents a steady increase in number since 1934, when only 278 had adopted it.

Why this comparison with conditions in 1934? Because at the biennial convention of that year, the American Nurses' Association proclaimed that, "In the interest of good nursing, we believe that nurses in caring for *acutely ill persons* should not be expected to work more than eight hours out of twenty-four." Since then, through intensive field work rendered by the American Nurses' Association headquarters staff, through the wide distribution of printed material, through illustrated talks and radio speeches, and through individual and group conferences, the American Nurses' Association has carried on an active educational program in behalf of the eight-hour day. State nurses' associations and their unit members have coöperated with the American Nurses' Association in this program and are pushing it forward so effectively that the combined efforts of national, state, and local groups are slowly but surely convincing all of the rightness of the eight-hour schedule.

Factors Affecting Employment of Nurses: Increased Demand for Nursing Service.—Between 1930 and 1935, the capacity of hospitals throughout the country increased by 119,270 beds.¹ And, for the last twenty-seven years, the capacity of hospitals has been increased by an average of 25,024 beds a year.²

Since 1932 the number of hospitals with schools which employ graduate nurses for bedside care has increased by 55 per cent.³

In 1934, according to registrars' reports to American Nurses' Association headquarters, 12 per cent of the nurses on call were unemployed all month; in 1936, only 2 per cent were unemployed all month.⁴

Also, in 1934, 25 per cent of the nurses on call reported twenty or more days' employment a month; in 1936, 34 per cent were employed twenty days or more a month.⁴

Economic Conditions.—Calls for private duty nurses for eight-hour service have increased from a monthly average of 41.91 per cent in 1934, to 59.84 per cent in 1936; while calls for twelve-hour service have decreased from a monthly average of 47.70 per cent in 1934, to 32.27 per cent in 1936.⁵

According to reports of registrars, "Registrants are unwilling to accept prevailing conditions of employment for general staff nursing."⁶

Nearly half of the directors of nursing schools employing general staff nurses who answered the National Information Bureau's fall questionnaire, believe that "low salaries" are largely responsible for their difficulty in securing general staff nurses. Other factors given are: long or broken hours of work; unsatisfactory living conditions; too heavy a load of work to permit good nursing.⁷

According to Joint Vocational Service, "low salaries" are largely responsible, also, for difficulty in securing well-qualified nurses for supervisory, teaching, and executive positions in public health nursing.

Staff Education Programs.—"In only 50 per cent of the hospitals (reporting) are the general staff nurses given the opportunity to attend regular staff conferences and to participate in discussions about the conduct and procedures of the nursing service."⁷

Basic Preparation of Nurses.—One of the requirements which nurses must meet in order to qualify for public health

nursing positions, especially those created as a result of the Social Security Act, is: "Graduation from an accredited school of nursing connected with a hospital having a daily average of one hundred patients, or a minimum of fifty patients with one or more affiliations affording supplementary preparation." According to the League's 1935 list of schools meeting the minimum requirements set by law in the states, 363 schools were connected with hospitals having a daily average of less than fifty patients and 833 with hospitals having a daily average of less than one hundred patients.

A requirement for registration imposed by law in some of the states is that applicants must have completed a course of instruction in nursing covering not less than thirty-six months. In most states where this three-year law obtains, nurses who have not had a full three-year course cannot make up the deficiency in time through post-graduate work.

Do these factors which affect the employment of nurses hold true for your hospital, community, or state?

Are There Enough Qualified Nurses?—According to reliable sources, not enough qualified nurses are available for existing nursing positions. Directors of hospital nursing services report difficulty in securing a sufficient number of qualified nurses for general staff nursing positions.⁸

Registrars reported a one per cent increase in the number of unfilled calls in 1936 over 1935.⁹

The recent census of public health nurses shows that at present the ratio of public health nurses to population is 1:7000, while a desirable ratio is 1:2000.¹⁰

Joint Vocational Service reports a dearth of public health nurses well qualified for supervisory and teaching positions.

These statements apply to the country as a whole. What is the situation in your community?

Fall 1937 Enrollments.—The Nursing Information Bureau voices a large *Thank you* to all the directors of nursing schools who filled out and returned the questionnaires on fall enrollments in October. The findings from the questionnaire appeared in the December issue of the *American Journal of Nursing* under the title, "Student and Graduate Nurses—Are There Enough?" In a nutshell, the findings are:

1. More students enrolled in nursing schools in the fall of 1937 than in the fall of 1936.

2. However, the increase in admissions, 1937 versus 1936, was only one per cent, compared with a five per cent increase, 1936 versus 1935.

3. Nevertheless, 64 per cent of the schools were satisfied with the number of students enrolled; 36 per cent were not.

4. Fifteen per cent of the students enrolled in 1937 have had one or more years of college work, compared with 14 per cent in 1936.

5. And approximately two-thirds of the students who have completed high school only stand in the upper third of their classes.

6. Graduate staff nurses for general duty service are employed in 88 per cent of the hospitals connected with nursing schools which replied to the questionnaire. Their number totals approximately 20,500. In 1932, nearly two-thirds of the schools did not employ even one graduate nurse for bedside nursing.

7. In 55 per cent of these hospitals, directors of nursing services have experienced difficulty in securing qualified graduate staff nurses. In 45 per cent they have not.

8. Subsidiary workers, in the form of ward attendants, helpers or aides, are employed in 71 per cent of the hospitals replying to the questionnaire. The actual number so employed in these institutions is 13,562.

The Accrediting Committee Acts.—The Committee on Accrediting of the National League of Nursing Education

1 J. A. M. A., p. 185B, June 5, 1937.

2 J. A. M. A., p. 1036, March 27, 1937.

3 A. J. N., p. 1364, December, 1937.

4 A. J. N., p. 731, July, 1937.

5 A. J. N., p. 471, May, 1937.

6 A. J. N., p. 736, July, 1937.

7 A. J. N., p. 1365, December, 1937.

8 A. J. N., p. 1365, December, 1937.

9 A. J. N., p. 736, July, 1937.

10 P. H. N., p. 651, November, 1937.

has swung into action. At a meeting of its Executive Committee on October 30, it was decided that the coming year is to be spent developing accrediting criteria, testing their application in a limited number of representative schools, and making studies of the costs of surveys which are a necessary part of the committee's work. The expense of this first year's work will be borne by the Accrediting Committee.¹¹

The central aim of the committee, of course, is "to stimulate, through accrediting practices, the general improvement of nursing education and nursing practice in the United States." Other aims include "helping those responsible for the administration of schools of nursing to improve their schools, publishing a list of accredited schools, and promoting interstate relationships in the professional registration of nurses."¹¹

Excerpts from the Curriculum Guide.—The Curriculum Guide for Schools of Nursing is proving itself a professional best seller. It was completed in July, and 4,000 copies of it have already been sold. This book may be purchased from the National League of Nursing Education, 50 West Fiftieth Street, New York City, for \$3.50.

What are its purposes and recommendations? Here are some of them: "The League's primary objective in preparing and publishing its Curriculum has been to encourage schools to study their own educational problems and to provide guidance to those interested in revising or building curricula for their nursing schools."¹²

Should nurses be trained or educated? The answer is for you to give. The Curriculum Guide states, however: "Training is a matter of fixing habits and skills by a process of repetition so that when a given situation presents itself a certain definite response will automatically result. . . . Where training methods predominate, the tendency is to emphasize obedience to the orders of others and to demand conformity to certain prescribed patterns of thought and behavior, to stress the practical utilitarian types of habits and skills, and to pay little attention to intellectual and social skills or to the development of personality. Education, as contrasted with training, is concerned with the growth of the whole individual. While it includes training and discipline, it emphasizes the control of habit by intelligence and the variation of responses to meet the demands of each situation."¹³

"If the main aim of nursing is to help the patient regain and maintain health . . . and if in certain cases activities such as cleaning the room, bathing the patient, taking temperatures, and serving diets, can be carried on by a non-professional person in such a way as to achieve these results satisfactorily, such duties should be assigned to those who can do them at the lowest cost commensurate with good results."¹⁴

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

Human Cases of Rabies*—Years 1936, 1937, 1938

TABLE 1.—Incidence of Rabies by Counties in California

County	1936	1937	1938†
Imperial	1	....	....
Kings	....	....	1
Los Angeles	....	3	2
Totals	1	3	3

11 A. J. N., p. 1380, December, 1937.

12 A Curriculum Guide for Schools of Nursing, p. 5 (Foreword).

13 *Ibid.*, pp. 30-31.

14 *Ibid.*, p. 26.

* From the California State Department of Public Health.

See also editorial comment in this issue, on page 308.

† For the year 1938, figures are inclusive for the period January 1 to April 16, 1938.

TABLE 2.—Distribution of Human Cases of Rabies by Counties

From date of first case in year 1899.		
Year	Number	Location
1899	1	Pasadena
1909	1	Holtville, Imperial County
1910	3	Los Angeles
		Rivera, Los Angeles County
1911	3	Los Angeles
		Tulare County
1912	9	Santa Maria
		San Francisco
		Los Angeles
		Sacramento
1913	8	San Francisco
		Lincoln
		Newcastle
		San Bernardino
		Santa Rosa
		Oxnard
1914	3	Oakland
		Hanford
		Anaheim
1915	5	Santa Cruz
		Watsonville
		Oakland
		Emeryville
		Los Angeles
1916	1	Bieber, Lassen County
1920	4	Fresno
		Stockton
		French Camp
		San Joaquin County (rural)
1921	5	Sacramento
		Tulare
		Antioch
		Los Angeles
1922	4	Los Angeles
		Venice
1923	11	Los Angeles
		Tustin, Orange County
		Duarte, Los Angeles County
		San Bernardino
		Fresno County (rural)
1924	5	El Centro
		Downey, Los Angeles County
		Los Angeles
1925	1	Glendale
1926	5	South Gate, Los Angeles County
		Huntington Park
		Los Angeles County (rural)
1927	1	Santa Maria
1928	3	Pasadena
		Los Angeles
		La Crescenta, Los Angeles County
1929	2	Watts, Los Angeles County
		Lomita, Los Angeles County
1930	1	Corona, Riverside County
1931	2	Fowler, Fresno County
		Los Angeles
1932	2	Glendale
		Le Grand, Merced County
1933	0	.....
1934	1	San Diego
1935	1	Los Angeles
1936	1	Calexico
1937	3	Los Angeles
		Altadena
		San Gabriel
1938	3	Los Angeles
(to Apr. 16)		Hanford
	89	

TABLE 3.—Incidence of Rabies in City of Los Angeles

	1935	1936	1937	To Apr. 1 1938
Human cases (fiscal year)	0	1	1	....
Human cases (calendar year)	1	0	1	2
<i>Animals</i>				
Dogs (fiscal year)	229	360	564	....
Dogs (calendar year)	254	350	832	102
Cats	3	6	9	....
Cows	2	0	4	....
Horses	0	1	0	....
Raccoons	0	1	0	....
Mules	0	0	1	....
Rabbits	0	0	1	....
Total cases in animals (includes all above animals):				
For fiscal year	234	368	579	....
For calendar year	259	358	847	117